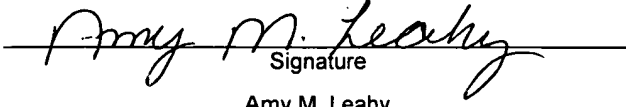


PTO/SB/22 (09-06)

Approved for use through 03/31/2007. OMB 0651-0031

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PETITION FOR EXTENSION OF TIME UNDER 37 CFR 1.136(a) FY 2006 (Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).)		Docket Number (Optional) 62069DIV2(51590)	
Application Number 10/823,365-Conf. #4859		Filed April 13, 2004	
For TOPICAL ANESTHETIC/OPIOID FORMULATIONS AND USES THEREOF			
Art Unit 1617		Examiner L.M. Williams	
This is a request under the provisions of 37 CFR 1.136(a) to extend the period for filing a reply in the above identified application. The requested extension and fee are as follows (check time period desired and enter the appropriate fee below):			
		<u>Fee</u>	<u>Small Entity Fee</u>
<input type="checkbox"/>	One month (37 CFR 1.17(a)(1))	\$120	\$60
<input type="checkbox"/>	Two months (37 CFR 1.17(a)(2))	\$450	\$225
<input checked="" type="checkbox"/>	Three months (37 CFR 1.17(a)(3))	\$1020	\$510
<input type="checkbox"/>	Four months (37 CFR 1.17(a)(4))	\$1590	\$795
<input type="checkbox"/>	Five months (37 CFR 1.17(a)(5))	\$2160	\$1080
<input checked="" type="checkbox"/>	Applicant claims small entity status. See 37 CFR 1.27.		
<input type="checkbox"/>	A check in the amount of the fee is enclosed.		
<input type="checkbox"/>	Payment by credit card. Form PTO-2038 is attached.		
<input checked="" type="checkbox"/>	The Director has already been authorized to charge fees in this application to a Deposit Account.		
<input checked="" type="checkbox"/>	The Director is hereby authorized to charge any fees which may be required, or credit any overpayment, to Deposit Account Number 04-1105. I have enclosed a duplicate copy of this sheet.		
I am the	<input type="checkbox"/>	applicant/inventor.	
	<input type="checkbox"/>	assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).	
	<input checked="" type="checkbox"/>	attorney or agent of record. Registration Number 47,739	
	<input type="checkbox"/>	attorney or agent under 37 CFR 1.34. Registration number if acting under 37 CFR 1.34	
 Signature		January 25, 2007 Date	
Amy M. Leahy Typed or printed name		(203) 975-7505 Telephone Number	
NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.			
<input type="checkbox"/>	Total of 1 forms are submitted.		

01/29/2007 AWONDAF1 00000106 041105 10823365

02 FC:2253

510.00 DA

I hereby certify that this paper (along with any paper referred to as being attached or enclosed) is being deposited with the U.S. Postal Service as Express Mail, Label No. EV749289803US, on the date shown below in an envelope addressed to:
MS RCE, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

Dated: January 25, 2007

Signature:  (Denise Kacinski)